

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26115

1. PLACE OF DEATH

County Franklin

Registration District No. 297

Township Washington

Primary Registration District No. 2016

City Washington

(No. ....)

St. .... Ward)

2. FULL NAME Louis Joseph Schwegmann

(a) Residence, No. 820 Jefferson St.

St. ....

Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds.

How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Emma Rahe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 25, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .... hrs.  
or .... min.

59

2

29

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

night watchman

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Washington  
Missouri

FATHER

13. NAME John Frederick Schwegmann

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME Anna Mary Brinkman

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Germany

17. INFORMANT Mrs. Louis Schwegmann

(ADDRESS) 820 Jefferson St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Mo. DATE 8/27/33

19. UNDERTAKER Otto & Co.

(ADDRESS) Washington, Missouri

20. FILED

Aug 26, 1933 O. L. Lammert

Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1933

22. I HEREBY CERTIFY, That I attended deceased from

July 12 1933, to Aug 24 1933

I last saw him alive on Aug 14 1933. Death is said

to have occurred on the date stated above, at 3:41 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure.  
Chronic Myocarditis  
Endocarditis  
93  
93  
93  
Other contributory causes of importance:  
Engorgement of small toe

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. L. Lammert, M. D.

(Address) Washington Mo

in this space.